The Stories that Numbers Tell: Using Narratives to Improve Programmatic Performance

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System change requires a continuous monitoring cycle of experimentation-measurement-reflection and course-correction, which inherently involves learning.

*It is more like monitoring AS evaluation instead of monitoring AND evaluation.*
SMI Learning Tool Approach

- During a six-month period, we collected over 2200 stories from front-line workers, local health care administrators, and policy-makers in the region.

- Data was collected using SenseMaker, a narrative data collection tool.

- Based on those stories, we generated visual data.

- Reports were created and jointly analyzed in participatory workshops.

We will begin by asking you some general questions about your experiences in improving health outcomes for women and children, and then ask you a series of questions concerning your story. There is no right or wrong answer - we are interested in hearing your stories, and understanding your experiences.

Describe ONE decision or activity that had either a POSITIVE or NEGATIVE impact on your work in the Initiative. Briefly describe the specific situation, related actions, and the result.

1. Your experience:

2. Please give your story a title:
Why use this approach?

Intentionally Mixing Quantitative and Qualitative

*Understand the way in which people make decisions, and the context in which those decisions are made*

**Quantitative data:** Using a “signification framework” respondents contribute several responses and for each they add layers of meaning to each unique situation shared.

**Qualitative data:** The stories that convey experiences or observations, provide a context for making sense of the quantitative data and patterns.

*This forms a rich dataset that permits a combined qualitative-quantitative assessment for generating deep insights.*
How are we using the results?

Taken together, these stories and their meanings provide a perspective with both **depth** and **breadth**:

- **Broad enough to inform the regional program strategic thinking about the next years of operations**

- **Deep and real enough to provoke specific and immediate follow-up actions by the countries in planning their next Year of Operations.**
Stories create the context for change in the region.
Program Ownership?

New and innovative?
Who were the bottlenecks and who were the supporters?
In learning workshops, we would ask...

Discuss at your tables

Where do you think the data landed for the following triangles...

- The situation shared is one that is ‘leaning toward’...
  - a challenge or failure
  - an achievement or success
  - an uncertainty or unclear

- This situation shared shows the Initiative-project has helped...
  - to focus on results
  - to better align incentives
  - Improve requirements, rules, procedures

Where would you like to see more/fewer stories –why?
Learning workshops...
Stories create the context for change in the region

Figure 4 This experience is leaning towards... (2124 stories)

Each data point represents a story, directly accessible by the decision-maker
Stories create the context for change in the region

Each data point represents a story, directly accessible by the decision-maker
Positive Experience:
Doing the best we can with as little as we have

SM2015 Initiative has provided assistance to maternity wards, gynecology services, and pediatric intensive care units by hiring staff in high demand that are very scarce at hospitals. The staff hired under this project is highly committed to meet the required indicators; however, many times we fail to meet them because we lack the necessary inputs at the hospital and we cannot get those resources through the project either, which takes a toll of our performance at the moment of the evaluation.

Recommendations

• To make the Ministry of Health to commit to supplying the necessary inputs to meet indicators.

• Sanctions should not be applied to project managers when they are not directly responsible for the indicators that failed to be met.
My experience was very negative. I went to this home to do the survey and there was a young lady present. When I asked the questions she was very open about sex and she was only 14 years old. She said that she was sexually active and this bothered me a lot because she was not ashamed. She said her mom had her when she was 13 years old so she could do the same thing. I tried to educate her and give her information about her sexual health.

Maybe I could have given her more information to help understand what the consequences are if she continues down this path. Have more patience with her.
Country and Regional-level Action Planning

- What surprised you about the stories?
- Based on the stories in the package:
  - What activities / experiences must include in second operation? How can we replicate these experiences in the second operation? Include examples and specific interventions
  - What activities / experiences must not repeat in second operation? How can we prevent this kind of experience in the second operation? Include examples and specific interventions
- What can we do in the next 10 days with the new information we received today?
## Action Planning in Belize

<table>
<thead>
<tr>
<th>Positive/Strongly positive experiences: how do we replicate these types of experiences going forward?</th>
<th>Negative/Strongly negative experiences: how do we avoid these types of experiences going forward?</th>
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| • Continuous monitoring of inputs needed for improved maternal health and reduce child mortality | • Design QIF so that awards/incentives can reach all facilities by providing partial/gradual awards  
  ○ For health centers that do not meet target health indicator during evaluation stage of the QIF, staff should give a second chance as to not demoralize the providers |
| • Foster team work by sharing knowledge and experience | • Stress-management- the CHWs have a lot more work to do and they are not being compensated. A plan should be in place to provide some sort of incentive for their hard work (certificate, recognition, stipend) |
| • Encourage monthly meetings to integrate community health care workers and hospital staff (especially MCH) | • Create a mechanism where administration is responsible for collecting the complaints in the suggestion box (have a designated member of management team present when suggestion box is opened/complaints box should be opened by more than one individual) |
| • Through the QI Teams, strengthen communication and allow rural health care nurses to actively monitor CHWs | • Discontinue the assigned day clinic and institute the appt. system and walk-in policy as not to miss opportunities/ Provide SRH services at all times, reduce missed opportunities  
  ○ Family planning methods should be given on a daily basis, especially for high-risk groups  
  ○ Nurses have to put themselves in the client’s shoes. If she had given an appointment to the client, she should honor it |
| • Have better incentives for CHW or increase their financial incentive they are presently receiving | • Monitor life-saving interventions/processes of care |
| • Encourage collaboration among CHWs; those operating within and outside of the project | • The evaluation team can make suggestions on positive work done in another region so that the best practices can be implemented by another team |
| • Equip health post with equipment necessary to do PAP smears | • Invite the PAPU unit to part take in evaluations of M&E |
| • Provide updates, possibly monthly, on project activities so that stakeholders are aware of what the project has to offer | • Develop promotional orientation material regarding the project for distribution among health facilities staff and CHWs to generate buy-in |
| • Focus QIF and technical assistance on 36 and 54 month indicators | • MOH (permanent staff) needs to accept CHWs and introduce them to the team |
| • Increase incentives to QIF | • QIF- must be included in the second operation since this builds collaboration and team work within and among health care providers. Must be replicated in all health regions, but indicators may need to change to improve quality actions |
| • Encourage creativity from QI teams in health fairs and community activities | • Invite the PAPU unit to part take in evaluations of M&E |
| • QIF- must be included in the second operation since this builds collaboration and team work within and among health care providers. Must be replicated in all health regions, but indicators may need to change to improve quality actions | • Develop promotional orientation material regarding the project for distribution among health facilities staff and CHWs to generate buy-in |

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For health centers that do not meet target health indicator during evaluation stage of the QIF, staff should give a second chance as to not demoralize the providers.
Conclusions and Next Steps

The insights gained by analyzing patterns in stories is relevant to the implementation of large-scale maternal and neonatal health programs because of its potential to

• Complement existing M&E designs
• Improve the quality of decision-making by providing rapid, actionable feedback
• Creating a safe environment to talk about challenges and failures
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